

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM TOS-875)

SERIAL NO. 10/658,849  
APPLICANT(S) \_\_\_\_\_

FILING DATE \_\_\_\_\_

4/27/07

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3		/				
4	/					
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6	/					
7		/				
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48		/				
49		/				
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52		/				
53		/				
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100						
TOTAL IND.	8	↓		↓		↓
TOTAL DEP.	23	←		←		←
TOTAL CLAIMS	31					